



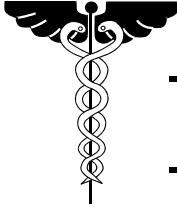
1240 HOME AND COMMUNITY BASED SERVICES

Home and community based services (HCBS) included in this policy are covered for ALTCS members and provided by AHCCCS registered providers. These services must be ordered/approved by the member's primary care provider (PCP) and/or authorized by the member's case manager. Exhibit 1240-3 provides information regarding those services which require PCP orders and/or those that require case manager authorization. Exhibit 1240-6 provides a table of services, service codes and units for services described in this section, with the exception of therapy services. For more information regarding therapy service codes, consult the most current version of the American Medical Association's "Current Procedural Technology" manual.

The number and frequency of authorized services received by a member is determined through an assessment of the member's needs by the case manager with the member and/or the member's family, guardian or representative, in tandem with the completion of the cost-effectiveness study. Refer to [Chapter 1600](#), Case Management, for detailed information regarding this process. Chapter 1600 also contains information regarding the need for ongoing monitoring visits to assess for the continued appropriateness and accurate provision of services and quality of care. Results of monitoring visits must be documented in the member's casefile by the member's case manager.

Those categories of authorized ALTCS service providers governed by a State regulatory board or agency must maintain a current license or certification through the appropriate State regulatory board or agency. FFS Tribal affiliated providers must meet AHCCCS requirements as attested by the Tribal government and approved by CMS (e.g., home delivered meal provider). Those categories of authorized ALTCS service providers that are not governed by a regulatory board or agency must be certified or approved by a managed care Contractor, or through the AHCCCS Administration for Tribes.

Homemaker, personal care and attendant care agencies are required to perform periodic supervisory visits. The visits are done to assess the caregiver employee competency in performing the assigned duties in a safe manner, as ordered and according to the training the employee has received. Some supervisory visits must be done while the employee is providing services, in order to observe the care being given. Supervisory visits completed while the employee is physically in the member's home are required within the first 90 days of the employee's hire date, and annually thereafter, unless otherwise warranted. Supervisory visits must be documented in the caregiver file. If services are not provided as authorized, the reasons for the non-provision of services must be documented by the provider in the provider's member casefile.



Note: Supervisory visits for attendant care and personal care means that an initial visit is made not more than five days from the day the initial service provision began (not every time the caregiver changes) to speak with the member regarding the quality of care, delivery of services and educating the member about the need to call the agency if concerns develop during the interim period. A follow up site visit is required at 30 days. A 60 day visit is required if issues are identified, otherwise visits are required at least every 90 days thereafter (more often as indicated). HHA visits are as prescribed by regulation.

Supervisory visits for homemaker services means that an initial contact is made not more than five days from the day initial service provision began, but, depending on the nature of the care being performed, that contact can be made by telephone. The conversation with the member must include not only questions regarding the delivery of services but also educating the member regarding the need to call the agency if concerns develop during the interim period. A site visit is required at 30 days from the day service provision began. A 60 day visit would only be required if issues are identified, otherwise, visits are required every 90 days thereafter.

- **ADULT DAY HEALTH CARE SERVICES**

ALTCS covers services provided by adult day health care facilities which are licensed by the Arizona Department of Health Services (ADHS). Services are available for members who are either elderly and/or have physical disabilities who need supervision, assistance in taking medication, recreation and socialization or personal living skills training. Health monitoring and/or other health related services such as preventive, therapeutic and restorative health care services are also covered. Members with developmental disabilities are not eligible for this service.

Amount, Duration and Scope. ALTCS members who reside in their own home may receive adult day health care.

If ALTCS members who reside in an adult foster care home, assisted living home or assisted living center are to receive adult day health care services, special justification is required by the member's case manager and approval by the managed care Contractor or AHCCCS Administration for FFS members. Members residing in a Level II or Level III behavioral health facility are not eligible to receive adult day health care services.

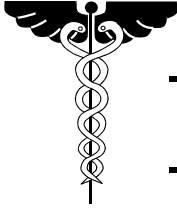


Within the same day, ALTCS members may receive personal care services in conjunction with adult day health care services. They may not receive both attendant care and adult day health care in the same day without special justification from the case manager and approval from the managed care Contractor or AHCCCS Administration for FFS members.

Group respite care services may be provided as a substitute when adult day health care services are not available. Group respite care providers are required to comply with the standards and requirements specified in this Policy for respite care.

In order to participate in group respite care, members must be:

1. Continent of bowel and bladder or able to provide self-care
2. Ambulatory, or if wheelchair bound, be self-propelling and need only standby assistance for transfer
3. Able to attend respite programs without the need of medications while in program, or be able to self-administer medications
4. Not in need of any licensed services during program's daily operation, if licensed personnel are not included in the provider's staffing for the group respite program, and
5. Not a danger to himself/herself or others.



● ATTENDANT CARE

Description. AHCCCS covers attendant care services provided to ALTCS members. The attendant provides assistance with a combination of services which may include homemaking, personal care, general supervision and companionship. This service enables members who might otherwise be in a nursing facility or HCB alternative residential setting to remain at, or return to, their own home when that environment is not medically contraindicated and when it is cost effective to do so. The intent of attendant care is to initiate strong support for keeping members integrated with their families, communities and other support systems. This service requires involvement from the member and/or the member's family, guardian or representative in decisions related to attendant care provider functions.

Amount, Duration and Scope. Attendant care services are not licensed or certified by a State regulatory board or agency.

Attendant care services are available only to ALTCS members who reside in their own home. Attendant care services are not reimbursable in an adult foster care home, assisted living home, an assisted living center, community residential facility or behavioral health facility as described in Policy 1230 of this Chapter.

Other HCBS may be provided in conjunction with attendant care. However, within a given day, attendant care services may not be provided in conjunction with personal care, home delivered meals and homemaker services without special justification by the case manager and approval by the ALTCS Contractor or AHCCCS Administration for FFS members.

Adult day health care/group respite services are also excluded on days when attendant care is provided unless rationale has been specifically justified by the members case manager, and approved by the ALTCS Contractor or AHCCCS Administration for FFS members.

Under 9 A.A.C. 22, Article 2, the Contractor has the discretion to approve attendant care services temporarily in a "Contractor Out-of-Service Area", in circumstances when it would be of benefit for the member and is cost effective. An example would be for a family caregiver to be paid for accompanying the member while in a "Contractor Out-of-Service Area" in lieu of a nursing facility stay for the member.